

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
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TOTAL D.	15	↓	↓	↓	↓	↓
TOTAL P.	29	↓	↓	↓	↓	↓
TOTAL AIMS	44					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS						